

#13 Amended  
Snu 9-20-02



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): T. Allan Hamilton  
Assignee: ZiLOG, Inc.  
Title: Signal Receiver Having Wide Band Amplification Capability  
Application No.: 09/212,203 Filing Date: December 15, 1998  
Examiner: Hanh Phan Group Art Unit: 2633  
Docket No.: M-12660 US Conf. No.: 8736

San Francisco, California  
September 13, 2002

BOX NON-AMENDMENT  
COMMISSIONER FOR PATENTS  
WASHINGTON, D. C. 20231

AMENDMENT

RECEIVED  
SEP 19 2002  
Technology Center 2600

Sir:

In response to the Office Action dated June 13, 2002, please amend the above-identified patent application as follows:

IN THE CLAIMS:

Cancel claims 11 – 13 without prejudice.

Amend claim 9 in the manner shown in the attached “Amended Claims with Markings to Show Changes Made.”

All of the claims remaining in the present application after this Amendment are given in the attached “Text of All Application Claims After Amendment.”

Application No.: 09/212,203  
Express Mail No.: EV212982607US

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SEP 13 2002

Docket No.: M-12660 US

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Box Non-Fee Amendment  
Commissioner For Patents  
Washington, D.C. 20231

Re: Applicant(s): T. Allan Hamilton  
 Assignee: ZiLOG, Inc.  
 Title: Signal Receiver Having Wide Band Amplification Capability  
 Application No.: 09/212,203 Conf. No.: 8736  
 Examiner: Hanh Phan Filed: December 15, 1998  
 Docket No.: M-12660 US Group Art Unit: 2633

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (in duplicate); and
- (3) Amendment (7 pages).

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below:

**CLAIMS AS AMENDED**

	Claims Remaining <u>After Amendment</u>		Highest No. Previously <u>Paid For</u>		Present <u>Extra</u>	<u>Rate</u>	Additional <u>Fee</u>
Total Claims	12	Minus	20	=	0	x \$18.00	\$ 0.00
Independent Claims	3	Minus	5	=	0	x \$84.00	\$ 0.00
<input type="checkbox"/> Fee of _____ for the first filing of one or more multiple dependent claims per application							\$
<input type="checkbox"/> Fee for Request for Extension of Time							\$
<b>Total additional fee for this Amendment:</b>							\$ 0.00
<input checked="" type="checkbox"/> Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.							
<input checked="" type="checkbox"/> Please charge our Deposit Account No. 19-2386 in the amount of							\$ 0.00
<input checked="" type="checkbox"/> Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 19-2386.							
<b>Total:</b>							\$ 0.00

EXPRESS MAIL LABEL NO.:

EV212982607US

Respectfully submitted,

*Gerald P. Parsons*  
 Gerald P. Parsons  
 Attorney for Applicant(s)  
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